

Please type a plus sign (+) inside this box → +

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e)) required)

Attorney Docket Number	PC10331A
First Named Inventor	Anne Billote
<i>COMPLETE IF KNOWN</i>	
Application Number	09/606,508
Filing Date	June 29, 2000
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHARMACEUTICAL COMPLEX

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) June 29, 2000 as United States Application Number or PCT International

Application Number 09/606,508 and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
9915231.6	UK	June 29, 1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.

Please type a plus sign (+) inside this box → 

## DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number or   Place Customer Number Bar Code Label here

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	A. Dean Olson	31,185
Allen J. Spiegel	25,749	Mervin E. Brokke	32,723
Paul H. Ginsburg	28,718	Valerie M. Fedowich	33,688
J. Trevor Lumb	28,567	Bryan C. Zielinski	34,462
James T. Jones	30,561	Robert T. Ronau	36,257
Gregg C. Benson	30,977	B. Timothy Creagan	39,156
Robert F. Sheyka	31,304	Alan L. Koller	37,371
Grover F. Fuller Jr.	31,760	Jolene W. Appleman	35,428
Karen DeBenedictis	32,977	Kristina L. Konstas	37,864
Lorraine B. Ling	35,251	Seth H. Jacobs	32,140
Garth Butterfield	36,997	Martha A. Gammill	31,820
Carl J. Goddard	39,203	Gregory P. Raymer	36,647
Raymond M. Speer	26,810	E. Victor Donahue	35,492
Jennifer A. Kispert	40,049	Roy F. Waldron	42,208
Israel Nissenbaum	27,582	Todd M. Crissey	37,807
Adrian G. Looney	41,406	Deborah A. Martin	44,222
A. David Joran	37,858	Jeffrey N. Myers	41,213
Lawrence C. Akers	28,587	Elsa Djuardi	45,963
Gabriel L. Kleiman	40,681	Michelle A. Sherwood	36,271
Donna R. Grossu	P-47,248		

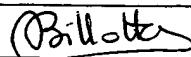
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number or Bar Code Label  Correspondence address below

Name	Paul H. Ginsburg				
Address	Pfizer Inc				
Address	235 East 42nd Street, 20th Floor				
City	New York	State	New York	Zip Code	10017-5755
Country	United States Of America	Telephone	(212)573-2369	Fax	(212)573-1939

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname					
Anne	Billotte						
Inventor's Signature						Date	24 <sup>th</sup> Oct. 2000
Residence: City	County of Kent	State		Country	UK	Citizenship	Great Britain
Post Office Address	Pfizer Central Research						
Post Office Address	Ramsgate Road						
City	Sandwich	State	Kent	Zip	CT13 9NJ	Country	United Kingdom

Additional inventors are being named on the \_\_\_\_\_ a supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Associate Power of Attorney Or Agent (37 CFR 1.34)  
(For Representation Related To A Patent Application)

Docket No.  
PC10331A

In Re Application Of: Anne Billotte, et al.

Serial No. 09/606,508	Filing Date June 29, 2002	Examiner Riley, Jezia	Group Art 1637
--------------------------	------------------------------	--------------------------	-------------------

Invention: "PHARMACEUTICAL COMPLEX"

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Please recognize the following as  Associate Attorney  Associate Agent in this application.

Name: David R. Kurlandsky

Reg. No.: 41,505

Address: Warner-Lambert Company LLC  
Patent Department  
2800 Plymouth Road  
Ann Arbor, Michigan 48105

Tel. No. (734) 622-7304



*Signature of Principal Attorney or Agent of Record*

Karen DeBenedictis  
Registration No. 32,977  
Warner-Lambert Company LLC  
2800 Plymouth Road  
Ann Arbor, Michigan 48105  
Telephone: (734) 622-3374  
Facsimile: (734) 622-2928

*Registration Number & Address of Principal Attorney or Agent of Record*

Dated: 6/6/03

I certify that this document is being deposited on 6/6/03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

*Signature of Person Mailing Correspondence*

*Typed or Printed Name of Person Mailing Correspondence*